

Safety/Risk Incident Report Form

Type of Safety/Risk Concern:

- | | |
|---|--|
| <input type="checkbox"/> Violation of Rules & Regulations <input type="checkbox"/> Accident/Incident <input type="checkbox"/> <i>Employee</i> <input type="checkbox"/> <i>Visitor</i> <input type="checkbox"/> Medical Incident <input type="checkbox"/> Theft <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Property Damage <input type="checkbox"/> Vehicle <input type="checkbox"/> Vandalism <input type="checkbox"/> Potential Hazardous Condition <input type="checkbox"/> Disturbance <input type="checkbox"/> Complaint |
|---|--|

**Law Enforcement
Notified:**

Ambulance Called:

No Injury Noted:

Other

What Happened to the Injured Individual Afterwards:

Taken Directly for Medical Care ☐ Went Home ☐ Returned to Work ☐

Other ☐ _____

Name & Contact Info of Individual filing report:

**Date Reported:
Reported To:**

Date/Time of Incident:

Location of Incident/Concern:

Name of Individual(s) Affected:

Contact Information:

Nature of Harm/Ill Health/Damage:

Witness Information:

Details of Safety/Risk Concern – What Happened?

Immediate Action to Make the Situation Safe:

Follow-Up:



Send the completed form to:

Diane Robinson, Safety Compliance Officer
 Diane.Robinson@yumacountyaz.gov
 Yuma County Human Resources
 198 S. Main Street
 Yuma, Arizona 85364
 (928) 373-1138